

In comparison to ventricular myocytes, there is relatively little information regarding the transport mechanisms underlying the  $\text{Ca}^{2+}$  transient in atrial cells. In this study, we focus on the contribution of the sarcoplasmic  $\text{Ca-ATPase}$  (SERCA) and  $\text{Na/Ca exchanger (NCX)}$  to the removal of  $\text{Ca}^{2+}$  from the cytosol in atrial myocytes. Isolated rabbit atrial myocytes were loaded with fluo-4-AM and superfused with a Tyrode's solution at room temperature ( $20 - 24^\circ\text{C}$ ) in a chamber on a Zeiss Pascal LSM5 confocal microscope. Cells were electrically stimulated at 1 Hz via bath electrodes and linecan images obtained by scanning transversely across the cell. Electrically stimulated  $\text{Ca}^{2+}$  transients were initiated at the periphery of the cell, rising to a peak within  $66.5 \pm 15.4$  ms. The peak of the transient at the center of the cell was delayed and had reduced amplitude compared with the transient at the cell edge. The decay phase of the twitch transient averaged across the cell width was fitted by a single exponential ( $k_{\text{twitch}} = 1.71 \pm 0.26 \text{ s}^{-1}$ ). Rapid application of 10 mM caffeine to unload the sarcoplasmic reticulum (SR) produced a large transient that decayed with a rate constant ( $k_{\text{caff}}$ ) of  $0.19 \pm 0.01 \text{ s}^{-1}$ . Following the washout of caffeine, twitch  $\text{Ca}^{2+}$  transients were markedly diminished but recovered to a steady-state within  $\sim 20$  s. Subsequent rapid application of caffeine in the presence of  $\text{Ni}^{2+}$  (10 mM) produced a large  $\text{Ca}^{2+}$  transient that recovered with a rate constant,  $k_{\text{Ni}}$ , of  $0.02 \pm 0.004 \text{ s}^{-1}$ . SERCA, NCX and slow pathways were calculated to contribute, respectively,  $87.4 \pm 1.8\%$ ,  $10.8 \pm 1.4\%$  and  $1.8 \pm 0.5\%$  of the total  $\text{Ca}^{2+}$  flux. In conclusion, the overall calcium extrusion pattern appears similar to ventricular myocytes.

### 2232-Pos Board B251

#### Interplay between Calcium Release and Action Potential Alternans in Rabbit Heart

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Cardiac alternans is recognized as a high risk indicator for cardiac arrhythmias, stroke and sudden cardiac death. At the cellular level action potential duration (APD) alternans correlates with alternation in intracellular calcium release and Ca transient amplitude, thus we investigated relationship between sarcoplasmic reticulum (SR) Ca release and instabilities in electrical activity. Experiments were carried out on single rabbit atrial and ventricular cells. Cytosolic Ca transients were monitored simultaneously with membrane currents or APs recorded with the patch clamp technique. Increase in pacing frequency caused Ca alternans that were accompanied by alternans in AP shape. During alternans  $\text{APD}_{50}$  of every other beat increased by  $108 \pm 26\%$  ( $n=5$ ) and  $25 \pm 8\%$  ( $n=5$ ) in atrial and ventricle cells, respectively, and large amplitude Ca transients were always accompanied by short APs and vice-versa (discordant alternans). Recorded APs were applied as stimulation command in voltage-clamp mode (AP-clamp) to record membrane currents. During AP-clamp recordings Ca alternans could be elicited, irrespective whether the command voltage consisted of a series of APs of only long APD, only short APD or alternating APD ('APD alternans clamp'). Furthermore, pacing threshold for Ca alternans was independent of APD. In addition Ca alternans were accompanied by an outwardly directed membrane current of alternating amplitude. This current was also recorded under conditions when all  $\text{K}^+$  currents were blocked (replacing  $\text{K}^+$  with  $\text{Cs}^+$  and 5 mM 4-AP), and preliminary data suggest a chloride conductance. The current was  $[\text{Ca}]_i$ -dependent since it was abolished when SR Ca release was eliminated by removing extracellular Ca or blocking L-type channels with nifedipine. Thus we conclude, that Ca alternans induced by high frequency pacing leads to alternans in AP shape in rabbit myocytes due to alternating changes in activity of  $\text{Ca}^{2+}$ -activated chloride channels.

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#### Ca Release Unit Heterogeneity and Entrainment of Ca Waves in Cardiac Myocytes

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Calcium (Ca) is a ubiquitous second messenger regulating many biological functions. The elementary events of local Ca signaling are Ca sparks, which occur randomly in time and space, and integrate to produce global signaling events including intracellular and intercellular Ca waves and whole-cell Ca oscillations. In a recent study using a computational model of Ca signaling in a cardiac myocyte and then experimentally in mouse ventricular myocytes, we demonstrated that criticality is the underlying theoretical mechanism that governs the transition from local Ca sparks to global Ca waves, analogous to a second-order phase transition in thermodynamics. Theoretically, criticality predicts that wave initiation sites should occur randomly and uniformly in space. While this has been demonstrated experimentally at relatively low Ca loads, recent experiments suggest that at higher Ca loads certain regions of the cell dominate the wave initiation process, acting as pacemakers to entrain whole cell oscillations. Here we show that the formation of these pacemaking

sites is still governed by the theory of criticality, however, heterogeneities of the ryanodine receptor clusters result in different firing frequencies, with the fastest regions tending to entrain the whole cell. We demonstrate that there is a critical size and relative degree of heterogeneity that must be reached for entrainment to occur, with the novel finding that the degree of entrainment depends on the overall Ca load of the cell. Furthermore, we show that the stochastic nature of the ryanodine receptor channel is crucial to the wave generation process.

### 2234-Pos Board B253

#### Ca Channel Distribution in T-Tubules and Ca Alternans in Cardiac Myocytes

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In cardiac myocytes, the elementary Ca cycling events are Ca sparks, spatially discrete Ca release events due to random and collective openings of ryanodine receptor (RyR) channels clustered in close proximity to L-type Ca channels (LCCs), forming what are known as Ca release units (CRUs). A typical cardiac myocyte includes about 10,000 to 20,000 CRUs. It is well known that heart failure (HF) remodeling induces changes in whole cell currents and Ca cycling proteins that promote Ca alternans, manifested clinically as pulsus alternans. In addition to electrical remodeling, HF also induces structural remodeling of t-tubules that alters the spatial distribution of CRUs in a myocyte, creating orphaned RyRs that are not associated with LCCs. An interesting question is whether such modifications in the spatial organization of LCCs have independent effects on Ca alternans, even if the whole cell LCC current remains unchanged. Here we address this question by studying the role of the spatial organization of LCCs in the genesis of Ca alternans in a 3D computer model of a ventricular myocyte containing a diffusively coupled network of 20,000 ( $100 \times 20 \times 10$ ) CRUs. We show Ca alternans is strongly promoted by increasing nonuniformity in LCC distribution among CRUs (simulating T-tubule disruption/dysregulation), independent of changes in the whole cell Ca current. This observation may provide a mechanistic link between T-tubule disruption and Ca alternans observed in failing myocytes. More generally, our results indicate that subcellular details of ion channel distribution can have profound effects on global cellular function not captured by whole cell current measurements.

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#### Periodic Calcium Waves in Cardiac Myocytes Enhance Susceptibility to Arrhythmia Triggers

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Intracellular calcium (Ca) waves in cardiac myocytes can cause delayed afterdepolarizations (DADs), which are known triggers of cardiac arrhythmias. How these Ca waves are modulated by diffusive Ca-mediated coupling among Ca release units (CRUs) and promote DADs is not fully understood. Here, we hypothesized that myocytes are most susceptible to DADs due to periodic Ca wave activity at intermediate levels of Ca overload. To test this hypothesis, we strengthened CRU coupling by progressively raising intracellular free  $[\text{Ca}]$  and studied the transition from Ca sparks to waves using both confocal Ca imaging experiments in permeabilized mouse ventricular myocytes and computer simulations of a homogeneous 3D array ( $100 \times 20 \times 10$ ) of diffusively-coupled CRUs. As free Ca was increased in experiments from 100 nM to 1,500 nM, intracellular Ca release activity evolved through four stages: Stage 1- random sparks and macrosparks arising from multiple sites; Stage 2- irregular aborted Ca waves arising from multiple sites; Stage 3- periodic full Ca waves arising from a small number of sites mostly near cell borders; Stage 4- high frequency "fibrillatory" Ca waves exhibiting mixed focal and reentrant features. Raising virtual intracellular Ca in computer simulations reproduced Stages 1-3 but not Stage 4, which may require spatial heterogeneities to occur. In both experiments and simulations, Stage 3 produced the largest whole-cell Ca transients and most synchronous Ca release, making this intermediate stage of Ca overload the most likely to generate DADs of sufficient amplitude to trigger arrhythmias. High frequency "fibrillatory" waves under severe Ca overload in Stage 4 diminished Ca transient amplitudes and reduced Ca release synchrony. In conclusion, our findings suggest that ventricular myocytes are most susceptible to DADs when intracellular Ca overload is intermediate rather than mild or severe.

### 2236-Pos Board B255

#### Reperfusion $\text{Ca}^{2+}$ Waves in the Intact Heart: A Possible Trigger for the Generation of Reperfusion Arrhythmias

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